

<i>SERFF Tracking Number:</i>	<i>AGNN-126630015</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Variable Annuity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45880</i>
<i>Company Tracking Number:</i>	<i>VL22186 V4/10</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>Single Premium Deferred Annuity Application</i>		
<i>Project Name/Number:</i>	<i>VL 22186 v4/10/VL 22186 v4/10</i>		

Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: Single Premium Deferred Annuity Application SERFF Tr Num: AGNN-126630015 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-Variable SERFF Status: Closed-Approved- Closed State Tr Num: 45880

Sub-TOI: A02I.003 Single Premium Co Tr Num: VL22186 V4/10 State Status: Approved-Closed

Filing Type: Form Author: Nancy R Smith Reviewer(s): Linda Bird
 Date Submitted: 06/04/2010 Disposition Date: 06/15/2010
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: VL 22186 v4/10	Status of Filing in Domicile: Pending
Project Number: VL 22186 v4/10	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 06/15/2010	Explanation for Other Group Market Type:
	State Status Changed: 06/15/2010
Deemer Date:	Created By: Nancy R Smith
Submitted By: Nancy R Smith	Corresponding Filing Tracking Number:
Filing Description:	

The application form included in this SERFF filing is being submitted for your review and approval. Form VL 22186 v4/10 is new and replaces form VL 22186 VER 9/2008 previously approved by your Department, AGNN-125836159, for use with contract V201-05, approved 12/21/05. This filing does not contain any unusual or controversial items. We certify that we are in compliance with Regulations 19 and 49 as well as AR Code Ann. 23-79-138.

Company and Contact

SERFF Tracking Number: AGNN-126630015 State: Arkansas

Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 45880

Company Tracking Number: VL22186 V4/10

TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable

Product Name: Single Premium Deferred Annuity Application

Project Name/Number: VL 22186 v4/10/VL 22186 v4/10

Filing Contact Information

Nancy R. Smith, Compliance Analyst Sr Nancy.R.Smith@valic.com
2929 Allen Parkway, L10-30 800-262-4764 [Phone] 6070 [Ext]
Houston, TX 77019-2155 713-831-6932 [FAX]

Filing Company Information

The Variable Annuity Life Insurance Company CoCode: 70238 State of Domicile: Texas
2929 Allen Parkway, L10-30 Group Code: 11 Company Type:
Houston, TX 77019 Group Name: State ID Number:
(713) 831-1305 ext. [Phone] FEIN Number: 74-1625348

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	06/04/2010	37016170

SERFF Tracking Number:	AGNN-126630015	State:	Arkansas
Filing Company:	The Variable Annuity Life Insurance Company	State Tracking Number:	45880
Company Tracking Number:	VL22186 V4/10		
TOI:	A02I Individual Annuities- Deferred Non-Variable	Sub-TOI:	A02I.003 Single Premium
Product Name:	Single Premium Deferred Annuity Application		
Project Name/Number:	VL 22186 v4/10/VL 22186 v4/10		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/15/2010	06/15/2010

<i>SERFF Tracking Number:</i>	<i>AGNN-126630015</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Single Premium Deferred Annuity Application</i>		
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Disposition

Disposition Date: 06/15/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	SOV		Yes
Supporting Document	Summary of Changes/Marked Copy		Yes
Form	SPDA Application		Yes

SERFF Tracking Number: AGNN-126630015 State: Arkansas

Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 45880

Company Tracking Number: VL22186 V4/10

TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable

Product Name: Single Premium Deferred Annuity Application

Project Name/Number: VL 22186 v4/10/VL 22186 v4/10

Form Schedule

Lead Form Number: VL22186 v4/10

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VL22186 v4/10	Application/ SPDA Application Enrollment Form	Initial		50.000	VL22186v410 JDoe.pdf



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Single Premium
Deferred Annuity Application

The Variable Annuity Life Insurance Company (VALIC), Houston, Texas

1. OWNER

Name: JOHN DOE SSN or Tax ID: 777-77-7777
☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. Gender: ☒ Male ☐ Female Age: 65 Date of Birth: 4-5-1975
☐ Married ☒ Not Married ☐ Civil Union/Domestic Partner (See Information section.)
Residence Address: 123 ANY STREET
City: ANYCITY State: USA ZIP: 11111 Daytime Phone: (713) 999-9999
JOINT OWNER (Optional. Nonqualified Annuities only.)
Name: _____ SSN or Tax ID: _____
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. Gender: ☐ Male ☐ Female Age: _____ Date of Birth: _____
☐ Married ☐ Not Married ☐ Civil Union/Domestic Partner (See Information section.)
Daytime Phone: (_____) _____

2. ANNUITANT (Nonqualified Annuity only, if different from the Owner.)

Upon the death of the Annuitant, the Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Name: _____ SSN or Tax ID: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ ZIP: _____
Gender: ☐ Male ☐ Female Relationship to Owner: _____ Age: _____ Daytime Phone: (_____) _____

3. OWNER'S BENEFICIARY DESIGNATION

In the event of death of Owner, Surviving Joint Owner becomes Primary Beneficiary.

☐ If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below.

Primary Name: MARY DOE Relationship or Trustee Name: SISTER
Contingent Name: _____ Relationship or Trustee Name: _____

4. PURCHASE PAYMENT

Policy Number: H123456 Policy Date: 5-4-2010
Single Premium Payment: \$ 10,000 Annuity Date: 5-4-2040
PLAN TYPE (required): ☒ Nonqualified ☐ Qualified
Tax-Qualified Plans: ☒ Traditional IRA ☐ SEP IRA ☐ Roth IRA ☐ 401 (Corporate Plan) ☐ 403(b) TSA ☐ Other: _____
Check one: ☒ Initial Contribution for Tax Year: 2010 ☐ Transfer ☐ Rollover ☐ Roth IRA Conversion Year: _____
INITIAL INDEX TERM: ☒ [7-Year Term] ☐ [9-Year Term]

5. SIGNATURES Checks must be made payable to The Variable Annuity Life Insurance Company (VALIC).

[Do you have any existing life insurance policies or annuity contracts?] ☐ Yes ☒ No
Will this annuity replace, discontinue or change any existing life insurance or annuity contract in this or any other company? ☐ Yes ☒ No
If yes, to either question above, please fill out the required state replacement form.
Are you as the owner of this account an active duty service member of the United States Armed Forces? ☒ No ☐ Yes (If yes, complete VL 22059.)

[**Arizona Residents:** On written request, we are required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days if the contract holder is 65 years of age or older on the date of application for the annuity contract, after the contract is delivered and receive a refund of all payments allocated to the fixed investment options(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.]

- I understand this annuity is not federally insured. On behalf of myself and any person who may claim any interest under this policy, I represent that all statements and answers in this application are complete and true.
- I have read and understand the important disclosures on the Information section of this application.
- The contract I have applied for is suitable for my insurance investment objective, financial situation and needs.
- I understand that I am applying for an equity indexed product and that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investment. I understand that any values shown, other than guaranteed minimums, are not guarantees, promises, or warranties.

Owner's Signature: John Doe Signed at City/State: AnyCity, USA Date: 5-4-2010
Joint Owner's Signature (if applicable): _____ Signed at City/State: _____ Date: _____

6. REPRESENTATIVE INFORMATION

[To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. ☐ Yes ☒ No
Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? ☐ Yes ☒ No
As Agent, have you complied with all State Replacement Regulations and completed all required State Replacement Forms? ☒ Yes ☐ N/A
By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

Bill Agent

Licensed Agent's Signature

BILL AGENT

Licensed Agent (Print name)

ABC Ins Co 8755

Agency Name and Number

63541

State License #

24-7

Agent #

INFORMATION

[California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

FRAUD WARNING

[In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Arkansas, North Dakota, South Carolina, South Dakota and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado Residents Only: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia Residents and Rhode Island Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

Kentucky, New Mexico, Ohio and Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Louisiana, Maryland and Massachusetts Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

BENEFICIARY DESIGNATIONS

Your **primary** beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your **contingent** beneficiary(ies) will receive these benefits.

A beneficiary can be an individual, institution, entity or trustee.

If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.

When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If you intend to name multiple beneficiaries or a beneficiary is a minor, please complete and attach a Service Request Form (VL 100). VALIC will pay claims only to a custodian or through an alternative guardianship arrangement for a Beneficiary who is a minor.

For assistance with beneficiary designations, contact your financial advisor or a Client Service Professional at [1-800-448-2542].

WITHDRAWAL RESTRICTIONS FOR 403(b) PARTICIPANTS

[According to federal tax laws regulating certain 403(b) plans, any interest and earnings credited to your account after 12/31/1988 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

- Separation from service
- Disability
- Age 59½ or older
- Death
- Hardship (contributions only)

Your Employer's plan may contain other withdrawal restrictions. Additionally, some employer plans have alternative investment options among which plan participants may transfer contract values.]

CIVIL UNION/DOMESTIC PARTNER

[Civil Union/Domestic Partners are not recognized in all states. Although your state may recognize civil unions or domestic partners, Federal law governing annuities and/or retirement plans may not afford a civil union or domestic partner the same rights and options afforded to a spouse as defined in the Federal Defense of Marriage Act. For example, a civil union or domestic partner might not receive spousal protection under ERISA and pay out options available to the civil union or domestic partner upon death of the participant may differ from those available to a spouse.]

Please send completed forms to:

VALIC Document Control
[P.O. Box 15648
Amarillo, TX 79105-5648]

Call [1-800-448-2542] for assistance.

Overnight Delivery:

VALIC Document Control
[2271 S.E. 27th Avenue
Amarillo, Texas 79103]

SERFF Tracking Number: AGNN-126630015 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 45880
Company Tracking Number: VL22186 V4/10
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: Single Premium Deferred Annuity Application
Project Name/Number: VL 22186 v4/10/VL 22186 v4/10

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Flesch.pdf		
Satisfied - Item: SOV Comments: Attachment: SOV.pdf		
Satisfied - Item: Summary of Changes/Marked Copy Comments: Attachments: SummaryOfChanges.pdf markedchanges.pdf		

CERTIFICATION

THE VARIABLE ANNUITY LIFE INSURANCE COMPANY, NAIC # 70238, hereby certifies that the following form(s) comply with the Flesch scale of readability requirements of your State and the form(s) achieve the following score:

<u>Form Number</u>	<u>Form Description</u>	<u>Flesch Score</u>
VL 22186 v4/10	Single Premium Deferred Annuity Application	50



Tracey Harris
Vice President

14-May-10
Date

STATEMENT OF VARIABILITY
APPLICATION/ENROLLMENT FORM: VL22186 v4/10

1. Page 1, Section 4, Initial Index Term is bracketed to allow the term selected by the client to be printed on the application. The terms will range between one and ten years.
2. Page 1 and 2, Section 5 and 6, Signatures and Representative Information – Client/Representative affirmations and statements are bracketed to allow for flexibility in the information collected, and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates. The Arizona Residents text is bracketed so that we may modify the disclosure to comply with changes in state law. It will only appear on applications issued in that state.
3. Page 2, Information section:
 - a. California Senior Disclosure is bracketed since it will only appear on applications issued in that state.
 - b. Fraud Warnings: The state specific fraud warnings are bracketed so that we may modify the text to comply with changes in state law.
 - c. Withdrawal Restrictions for 403(b) Participants: This text is bracketed so that we may modify text to comply with changes in federal tax laws.
 - d. The Civil Union/Domestic Partner language is bracketed to allow text to be kept current at issue with updates/changes in federal law.
 - e. The addresses, website address and telephone number are bracketed to allow for administrative flexibility. The information will be updated should these change.

The above variability will apply to all application forms during the same time period and will not be used to unfairly discriminate in availability, rate, benefits, or any other way for individuals of the same class, equal expectation of life, and degree of risk or hazard.



Tracey Harris - Vice President
The Variable Annuity Life Insurance Company

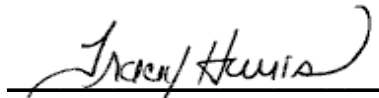
June 2, 2010

Date

SUMMARY OF CHANGES

The following changes/updates have been made to VL 22186 VER 9/2008:

- Form # changed to VL22186 v4/10
- Company logo updated
- Section 5, Signatures section: language added for compliance regarding existing or replacements and line for Company Name deleted, as well as AIG Retirement marketing information removed at the end of that section.
- Section 6, Representative Information: language updated to current compliance requirements
- Information,
 - Fraud Warning section: some states now in bold as required by those states;
 - Civil Union/Domestic Partner language updated;
 - Company information updated at end of form.



Tracey Harris - Vice President
The Variable Annuity Life Insurance Company

June 1, 2010

Date



Retirement

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The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

Single Premium
Deferred Annuity Application

1. OWNER

Name: _____ SSN or Tax ID: _____
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. Gender: ☐ Male ☐ Female Age: _____ Date of Birth: _____
☐ Married ☐ Not Married ☐ Civil Union/Domestic Partner (If recognized by your state, see information page.)

Residence Address: _____
City: _____ State: _____ ZIP: _____ Daytime Phone: (_____) _____

JOINT OWNER (Optional. Non-Qualified Annuities only.)

Name: _____ SSN or Tax ID: _____
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. Gender: ☐ Male ☐ Female Age: _____ Date of Birth: _____
☐ Married ☐ Not Married ☐ Civil Union/Domestic Partner (If recognized by your state, see information page.)

Daytime Phone: (_____) _____

2. ANNUITANT (Non-Qualified Annuity only, if different from the Owner.)

Upon the death of the Annuitant, the Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Name: _____ SSN or Tax ID: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ ZIP: _____
Gender: ☐ Male ☐ Female Relationship to Owner: _____ Age: _____ Daytime Phone: (_____) _____

3. OWNER'S BENEFICIARY DESIGNATION

In the event of death of Owner, Surviving Joint Owner becomes Primary Beneficiary.

☐ If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below.

Primary Name: _____ Relationship or Trustee Name: _____
Contingent Name: _____ Relationship or Trustee Name: _____

4. PURCHASE PAYMENT

Policy Number: _____ Policy Date: _____
Single Premium Payment: \$ _____ Annuity Date: _____
PLAN TYPE (required): ☐ Non-Qualified ☐ Qualified
Tax-Qualified Plans: ☐ Traditional IRA ☐ SEP IRA ☐ Roth IRA ☐ 401 (Corporate Plan) ☐ 403(b) TSA ☐ Other: _____
Check one: ☐ Initial Contribution for Tax Year: _____ ☐ Transfer ☐ Rollover ☐ Roth IRA Conversion Year: _____
INITIAL INDEX TERM: [☐ 7-Year Term ☐ 9-Year Term]

5. SIGNATURES Checks must be made payable to The Variable Annuity Life Insurance Company (VALIC).

[Do you have any existing life insurance policies or annuity contracts in this or any other company? ☐ Yes ☐ No
Will this annuity replace, discontinue or change any existing life insurance or annuity contract in this or any other company? ☐ Yes ☐ No
If yes, complete the following:

Company Name: DELETED Policy No.: _____]

[Arizona Residents: On written request, we are required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days if the contract holder is 65 years of age or older on the date of application for the annuity contract, after the contract is delivered and receive a refund of all payments allocated to the fixed investment options(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.]

- I understand this annuity is not federally insured. On behalf of myself and any person who may claim any interest under this policy, I represent that all statements and answers in this application are complete and true.
- I have read and understand the important disclosures on the Information page of this application.
- The contract I have applied for is suitable for my insurance investment objective, financial situation and needs.
- I understand that I am applying for an equity indexed product and that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investment. I understand that any values shown, other than guaranteed minimums, are not guarantees, promises, or warranties.

Owner's Signature _____ Signed at City/State _____ Date _____

Joint Owner's Signature (if applicable) _____ Signed at City/State _____ Date _____

AIG Retirement is the marketing name for the group of companies comprising AIG Retirement Advisors, Inc.; AIG Retirement Services Company; and The Variable Annuity Life Insurance Company (VALIC); each of which is a subsidiary of American International Group, Inc.

6. REPRESENTATIVE INFORMATION

[To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. ☐ Yes ☐ No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? ☐ Yes ☐ No

If this is a replacement have you complied with all State Replacement Regulations and completed all required State Replacement Forms? ☐ Yes ☐ N/A]

By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

Licensed Agent's Signature

Agency Name and Number

Licensed Agent (Print name)

State License #

Agent #

INFORMATION

[California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

FRAUD WARNING

[In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Arkansas, North Dakota, South Carolina, South Dakota and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado Residents Only: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia, Kansas, Kentucky, New Mexico, Ohio and Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

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New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

BENEFICIARY DESIGNATIONS

Your **primary** beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your **contingent** beneficiary(ies) will receive these benefits. A beneficiary can be an individual, institution, entity or trustee.

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According to federal tax laws regulating certain 403(b) plans, any interest and earnings credited to your account after 12/31/1988 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

- Separation from service
- Disability
- Age 59½ or older
- Death
- Hardship (contributions only)

Your Employer's plan may contain other withdrawal restrictions. Additionally, some employer plans have alternative investment options among which plan participants may transfer contract values.

CIVIL UNION/DOMESTIC PARTNER

[Although, your state may recognize civil unions or domestic partners, Federal law governing annuities and/or retirement plans may not afford a civil union or domestic partner the same rights and options afforded to a spouse as defined in the Federal Defense of Marriage Act. For example, a civil union or domestic partner might not receive spousal protection under ERISA and pay out options available to the civil union or domestic partner upon death of the participant may differ from those available to a spouse.]

Please send completed forms to:

[AIG Retirement Document Control
P.O. Box 15648
Amarillo, TX 79105-5648]

Call [1-800-448-2542] for assistance.

Overnight Delivery:

[AIG Retirement Document Control
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